

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 1 7

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10-01-00

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.725; 435.733; and 435.832

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 4,200,000

b. FFY 2002 \$ 4,200,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same Page, revised 11-01-93 TN#93-18

10. SUBJECT OF AMENDMENT:

Increase personal needs allowance from \$30.00 to \$50.00 for nursing facility or
ICF/MR residents. The State realizes this will cause a disparity for SSI only
clients, but no funding is available at this time for a State supplemental

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

12-21-2000

16. RETURN TO:

Oklahoma Health Care Authority
Attn: Billie Wright
4545 N. Lincoln, Suite 124
Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 22, 2000

18. DATE APPROVED: January 3, 2001

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Calvin G. Cline

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

State: OKLAHOMA

Citation	Condition or Requirement
----------	--------------------------

435.725
435.733
435.832

B. Post Eligibility Treatment of Institutionalized Individuals

The following amounts are deducted from gross income when computing the application of an individual's or couples

1. Personal Needs Allowance.
 - a. Aged, blind, disabled - -

Individuals \$50.00 *

Couples \$50.00 each person

For the following individuals with greater need - -

- b. AFDC related - -

Children \$50.00

Adults \$50.00

- c. Individuals under age 21 covered in the plan as specified in Item B.7. of ATTACHMENT 2.2-A.
\$50.00.

2. For maintenance of the non-institutionalized spouse only. The amount must be based on a resonalbe assessment of need but must not exceed the highest of - -

SSI level \$ _____
SSP level \$ _____
Medical needy level \$ _____
Other as follows \$See Attachment 2.6-A,
Page 9a

*For individuals receiving a VA pension limited to \$90.00 per month under section 8003 of P.L. 101-508, the personal needs allowance is the greater of the amount permitted to be paid under section 8003 (up to \$90) and the amount specified in this section.

TN# 00-17 Approval Date 01-23-01 Revised 10-01-00 Effective Date 10-01-00
Supersedes
TN# 93-18

STATE	OKLAHOMA
DATE	12-22-00
BY	01-23-01
FOR	10-01-00
HOA	00-17
A	